FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR ENTER OFFERING EXEMPTI

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OMB APPR	OMB APPROVAL							
OMB Number:	3235-0076							
Expires:								
Estimated average burden								
hours per respon	se 16.00							

SEC USE ONLY					
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1					

UNIFORM LIMITED OFFERING EXEM	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	000 14 11 0
Issuance of Class A Common Units, Class A Preferred Units and Promissory Notes iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	SEC Mail Processing ULOE Section
nnA	CESSED FER 0.4 7009
A. BASIC IDENTIFICATION DATE (CEOOLD 150 1 % of a
Enter the information requested about the issuer	— 2 2009 Vvasnington, DC
lame of Issuer (check if this is an amendment and name has changed, and indicate change	111
ustice Services Holdings LLC TUCMS	ON REUTERS
Address of Executive Offices (Number and Street, City, State, In Section 2)	Telephone Number (Including Area Code)
do Michael R. Starkle, 201 N. Central Ave., Suite 3300, Phoenix, AZ 85004	(602) 744-5795 Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (including Alex Code)
Brief Description of Business	
Holding company for organization providing behavioral screening, diversion and sentencing uveniles	alternative program services for adults and
Type of Business Organization	Local Control of the
This is a discount of the formed	lease specify):
	ty company
Month Year Actual or Estimated Date of Incorporation or Organization: 12 08 Actual Esti	nated Hill III III III III III III III III III
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat	09002849
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: <i>Who Must File:</i> All issuers making an offering of securities in reliance on an exemption under Regulation D 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manua photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only rep thereto, the information requested in Part C, and any material changes from the information previously supported by filed with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

this notice and must be completed.

filing of a federal notice.

		A BASIC ID	ENTIFICATION DATA	V \$0,35	
. Enter the information rec	quested for the foll	lowing:			
Each promoter of the control of	he issuer, if the iss	uer has been organized v	vithin the past five years;		
				of, 10% or more of	a class of equity securities of the issue
			corporate general and man		
		f partnership issuers.			
			Executive Officer	Director	General and/or
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer		Managing Partner
full Name (Last name first, it Gemini Investors IV, L.P.	findividual)				
Business or Residence Address 20 William Street, Suite 2		Street, City, State, Zip C MA 02481	odc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Starkle, Michael R.	f individual)				
Business or Residence Addres			ode)		
2008 E. Marshall Avenue, Check Box(es) that Apply:	Promoter Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
D 4131	e in aintiduals				
Full Name (Last name first, it Keis, Matthew	i individual)				
Business or Residence Addre					
do Gemini Investors, 20 \	William Street, S	uite 250, Wellesley, N	MA 02481		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Pernisie, Dean					
Business or Residence Addre c/o Gemini Investors, 20					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Jancosko, William P.	f individual)				
Business or Residence Addre 3334 Wright Circle, Bould		Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mattingly, Judith A.	f individual)				
Business or Residence Addre 14536 E. Gecko Court, F			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
	(Use bla	nk sheet, or copy and us	e additional copies of this	sheet, as necessary)

1 (5)		16 th 1	- 1 g	S Bi II	NFORMAT	ON ABOU	T OFFERI	NG	11 to 18	*		-
<u> </u>							••••				Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
									s			
2. What is	ine minim	um invesin	icii inai W	iii de acce	brea mani s	ary muivid	ual:	*******	*************		Yes	No
		permit join									X	
commis If a pers or state	ssion or sim son to be lis s, list the na	ion request ilar remune ited is an ass ame of the b you may s	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state	:	
Full Name (Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	i Street, C	ity, State, Z	ip Code)						, <u>, , , , , , , , , , , , , , , , , , </u>
Name of As	sociated Br	oker or De	aler						···			
States in Wh												
(Check	"All States	s" or check	individual	States)		***************************************	*************	****************		***************************************	☐ A1	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name	first, if ind	iviđual)	· · · ·								
Business or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)	<u></u>		· · · -			
Name of As	sociated Bi	roker or De	aler									·
States in Wi	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers						
(Check	"All State:	s" or check	individual	States)						**************	☐ AI	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name (Last name	first, if ind	ividual)									
Business or	Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)				 		
Name of As	sociated Bi	roker or De	aler	-		· · · · · ·	<u> </u>					
States in Wi	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers						
(Check	"All State:	s" or check	individual	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		*****	**************	☐ AI	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	1,500,000.00	\$
	Equity	2,900,079.99	\$ 2,900,079.99
	☑ Common ☑ Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests	S	\$
	Other (Specify)	S	\$
	Total	4,400,079.99	\$ 4,400,079.99
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$_4,400,079.99
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	0	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of Security	Dollar Amount Sold
	Type of Offering	-	\$ 0.00
	Rule 505		s 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ <u></u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	7	\$ 85,000.00
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) (filing fees - AZ - \$250; MA - \$500; CO - \$75)		\$ 825.00
	Total		\$ 85,825.00

	b Enter the difference between the aggregat and total expenses furnished in response to Par proceeds to the issuer "	n C — Question 4.a This	esponse to Part C — Questi difference is the "adjusted to	gross	\$4,314,264.99
5	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response.	for any purpose is not k total of the payments liste	nown, furnish an estimate d must equal the adjusted g	and	
				Payments to Officers, & Affiliates	Payments to Others
	Salaries and fees			_	. 🗆 🖫
	Purchase of real estate.			. 🔲 S	. 🗆 \$
	Purchase, rental or leasing and installation	of machinery			
	and odayl			_	. 🗆 s
	Construction or leasing of plant buildings a				. 🗆 \$
	Acquisition of other businesses (including offering that may be used in exchange for t issuer pursuant to a merger)	the value of securities in the assets or securities of	volved in this another	□ s	. 🗆 s
	Repayment of indebtedness			[] \$. 🗆 \$
	Working capital			s	\$ 4,314,264.99
	Other (specify):			🗆 \$. 🗆 \$
				 🔘 \$	
	Column Totals	•		s 0.00	\$ 4,314,264.99
	Total Payments Listed (column totals added	d) .	, ·	. <u></u> 5_4	314,264.99
Г			SIGNATURE		
cia	e issuer has duly caused this notice to be signed mature constitutes an undertaking by the issue i information furnished by the issuer to any n	I by the undersigned duly ir to famish to the U.S. So	authorized person. If this i	notice is filed under Ru mmission, upon writte	ale 505, the following
lss	suer (Print or Type)	Signature (Date	
Ji	stice Services Holdings LLC			1/2	9-09
N	nme of Signer (Print or Type)	Title of Signer (Print or Type)		
	chael Starkle	President			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

. :.	E. STATE SIGNATURE		
l	Is any party described in 17 CFR 230 262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response		
2	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notic D (17 CFR 239 500) at such times as required by state law.	e is filed a no	tice on Forn
3	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, infection issuer to offerees	ormation furr	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issue of this exemption has the burden of establishing that these conditions have been satisfied	e entitled to r claiming th	the Uniforn e availability
	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its thorized person	behalf by the	undersigned
lssuer (Print or Type) Signature Date	_	
Justice	Services Holdings LLC	79-09	ጎ

President

Name (Print or Type) Michael Starkle

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

L			, , ,	, Al	PPENDIX)	
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									·
AK	!					_			
AZ		х	Class A Common Preferred, Note	1	66,001.20				х
AR									
CA									
СО		х	Class A Common Preferred, Note	_ 2	54,000.98				х
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME							· · · · · · · · · · · · · · · · · · ·		
MD									
MA		х	Class A Common Preferred, Note	1	4,280,077.81				х
Ml									
MN									
MS									

200			THE PROPERTY OF THE		1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6 7 2	77	·	
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ	_									
NE										
NV										
ΝН										
NJ										
NM										
NY					_					
NC										
ND										
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OK										
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WA	:									
WV										
WI										

		1	* ***	APP	ENDIX				. ,
1	Intend to non-a investor	2 I to sell accredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									

